

Case Number:	CM15-0084118		
Date Assigned:	05/06/2015	Date of Injury:	02/22/2003
Decision Date:	06/10/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/01/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, North Carolina
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 62 year old female, who sustained an industrial injury on February 22, 2003. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having cervical disc degeneration, cervical spondylosis without myelopathy, and myofascial pain syndrome. Diagnostic studies to date have included an MRI and urine drug screening. Treatment to date has included ice/heat, chiropractic therapy, massage therapy, rest, home exercises, a neck brace as needed, and medications including short-acting and long acting opioid, muscle relaxant, and anti-epilepsy. On March 26, 2015, the injured worker complains of increased neck pain radiating to the left arm with numbness and tingling of the left hand and spasms of the left shoulder. She has occasional pain of the right arm and her headaches continue. The pain was describes as strong and aching. Associated symptoms include pain radiating to the left arm and increased numbness and tingling of the hands and fingers, greater in the left hand. Her pain level is rated 6-7/10. The physical exam was unremarkable. The treatment plan includes MSContin 30mg and Percocet 10/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MS Contin 30 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 80.

Decision rationale: CA MTUS guidelines require documentation of "ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects" for patients on chronic opioid therapy. In this case the documentation submitted does not address measurable analgesic benefits. There is also no documentation of function, vocational benefit, UDS or opioid agreement. Ongoing use of chronic opioids is not supported by current findings. This request is thus deemed not medically necessary.

Percocet 10/325mg x 30 #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 80.

Decision rationale: This is a request for Percocet 10/325, #120 for chronic neck and arm pain. The CA MTUS guidelines require documentation of "ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects" for patients on chronic opioid therapy. In this case the documentation does not address measurable analgesic benefit and there is no documentation of functional improvement or vocational benefit. There is no documentation of a UDS or signed opioid agreement. Ongoing use of chronic opioids is not supported by the current findings and the request is deemed not medically necessary.